



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
[www.uspto.gov](http://www.uspto.gov)



Bib Data Sheet

CONFIRMATION NO. 8533

|                             |  |              |                        |   |
|-----------------------------|--|--------------|------------------------|---|
| SERIAL NUMBER<br>09/916,766 | FILING OR 371(c)<br>DATE<br>07/27/2001<br>RULE | CLASS<br>709 | GROUP ART UNIT<br>2151 | ATTORNEY<br>DOCKET NO.<br>RAL920010015US1 |
|-----------------------------|--|--------------|------------------------|---|

**APPLICANTS**

Gordon Taylor Davis, Chapel Hill, NC;  
 Clark Debs Jeffries, Durham, NC;  
 Grayson Warren Randall, Cary, NC;  
 Sonia Kiang Rovner, Chapel Hill, NC;

**\*\* CONTINUING DATA \*\*\*\*\*****\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 09/07/2001

|                                 |   |                  |                |              |                    |
|---------------------------------|---|------------------|----------------|--------------|--------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input type="checkbox"/> no  | STATE OR COUNTRY | SHEETS DRAWING | TOTAL CLAIMS | INDEPENDENT CLAIMS |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | NC               | 7              | 21           | 5                  |
| Verified and Acknowledged       | Examiner's Signature _____ Initials _____   |                  |                |              |                    |

**ADDRESS**

25299

**TITLE**

METHOD AND SYSTEM FOR PERFORMING A LONGEST PREFIX MATCH SEARCH

|                             |   |   |
|-----------------------------|---|---|
| FILING FEE RECEIVED<br>1338 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|-----------------------------|---|---|